

## AFFIDAVIT

I, \_\_\_\_\_, attest that the foregoing statements are true  
(your name)  
and correct and include all material information necessary to identify and explain the  
operations of \_\_\_\_\_ as well as the ownership thereof.  
(name of firm)  
Any materials misrepresented will be grounds for terminating any contract that may be  
awarded and for initiating action under laws concerning false statements.

Signature \_\_\_\_\_  
Name of Firm \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

Corporate Seal (where appropriate)

Date \_\_\_\_\_  
State of \_\_\_\_\_  
County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ before me appeared  
(day) (month) (year)  
\_\_\_\_\_ to me personally known, who, being duly sworn,  
(name)  
did execute the foregoing affidavit, and did state that he or she was properly authorized  
by \_\_\_\_\_ to execute the affidavit and did so as his or  
(name of firm)  
her free act and deed.

Notary Public \_\_\_\_\_

Commission Expires \_\_\_\_\_

**(SEAL)**



## PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of \_\_\_\_\_, \_\_\_\_\_

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS		LIABILITIES	
	(Omit Cents)		(Omit Cents)
Cash on hand & in Banks .....	\$ .....	Accounts Payable .....	\$ .....
Savings Accounts .....	\$ .....	Notes Payable to Banks and Others .....	\$ .....
IRA or Other Retirement Account .....	\$ .....	(Describe in Section 2)	
Accounts & Notes Receivable .....	\$ .....	Installment Account (Auto) .....	\$ .....
Life Insurance-Cash Surrender Value Only .....	\$ .....	Mo. Payments \$ .....	
(Complete Section 8)		Installment Account (Other) .....	\$ .....
Stocks and Bonds .....	\$ .....	Mo. Payments \$ .....	
(Describe in Section 3)		Loan on Life Insurance .....	\$ .....
Real Estate .....	\$ .....	Mortgages on Real Estate .....	\$ .....
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value .....	\$ .....	Unpaid Taxes .....	\$ .....
Other Personal Property .....	\$ .....	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities .....	\$ .....
Other Assets .....	\$ .....	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities .....	\$ .....
Total	\$ .....	Net Worth .....	\$ .....
		Total	\$ .....

Section 1. Source of Income	Contingent Liabilities
Salary .....	As Endorser or Co-Maker .....
Net Investment Income .....	Legal Claims & Judgments .....
Real Estate Income .....	Provision for Federal Income Tax .....
Other Income (Describe below)* .....	Other Special Debt .....

Description of Other Income in Section 1.


\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)			
	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets.	(Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes.	(Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities.	(Describe in detail.)

Section 8. Life Insurance Held.	(Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number:

PLEASE NOTE:	The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. <b>PLEASE DO NOT SEND FORMS TO OMB.</b>
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**MATERIALS MANAGEMENT OFFICE  
VENDOR REGISTRATION  
EMERGENCY PREPAREDNESS ASSISTANCE**

MBO/Date \_\_\_\_\_

Effective June 1997, the General Assembly eliminated the requirement that a bidder list be maintained. Announcements of proposed procurements are made to the business community by an official state government publication called the South Carolina Business Opportunities. This publication is the only method of assuring you the opportunity to review all publicly announced procurement solicitations (\$10,000 or more). Subscription for this publication is available hard copy and electronic (<http://www.state.sc.us/mmo/scbo/scbomenu.htm>) through the Materials Management Office (MMO).

Please check one: \_\_\_\_\_ We are receiving copies of the SC Business Opportunities  
\_\_\_\_\_ We would like to receive information to subscribe to SC Business Opportunities  
\_\_\_\_\_ We are not interested in subscribing to the SC Business Opportunities at this time

MMO will accept the below registration as acknowledgment of commodities or services your organization or company provides. **This is not the application for the SC Business Opportunities.**

Type or print in ink. All information must be furnished.

Return to: The Small and Minority Business Office, 1205 Pendleton Street, Columbia, SC 29201

**Fed. Employer I.D. No. (if Company)**

**Company Name and Address**

\_\_\_\_\_

or

**Social Sec. No. (if sole proprietor)**

\_\_\_\_\_

**EMAIL ADDRESS**

**Previous Company Name/Address**

\_\_\_\_\_

**FAX**

( ) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name of Owner, Members or Officers of Concern, Partnership, or Corporation:**

President \_\_\_\_\_ Vice President \_\_\_\_\_

**Person to Contact:**

Name

Title

Telephone Number

\_\_\_\_\_ ( ) \_\_\_\_\_

\_\_\_\_\_ ( ) \_\_\_\_\_

(please list toll free number if available)

THE MATERIALS MANAGEMENT OFFICE IS RESPONSIBLE FOR PROCURING GOODS AND SERVICES IF A DISASTER SHOULD OCCUR IN SOUTH CAROLINA. PLEASE INDICATE (BY CHECKING THE YES BOX BELOW) IF YOUR COMPANY CAN PROVIDE GOODS OR SERVICES, 24 HOURS A DAY, 7 DAYS A WEEK, IF NEEDED FOR DISASTER RELIEF.

☐

YES

IF YES, PLEASE PROVIDE 24 HOURS A DAY / 7 DAYS A WEEK TELEPHONE NUMBER

( \_\_\_\_\_ )  
(please list toll free number if available)

Please include all classes and items on this application which apply to your company or organization. Indicate the 3-digit class number and 2-digit item number(s) in the appropriate area below. (Refer to commodity list for class and item numbers). Select only those classes and items your company or organization can furnish.

CLASS

ITEMS

_____	_____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____
_____	_____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____
_____	_____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____
_____	_____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____
_____	_____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____
_____	_____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____
_____	_____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____
_____	_____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____

I understand and agree that it is my responsibility to inform the Materials Management Office in writing of any changes to this form.

\_\_\_\_\_  
Date

Signature\_\_\_\_\_

Title\_\_\_\_\_

**ORIGINAL COPY MUST BE RETURNED**

Comments: